

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Charter Certificate from
Charles Towne Bound Limousine Service LLC

232934
BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2011 - 438 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Michael Milewski & Patrick Gallant

Telephone: 774 994 0227

Address: 1816 Westchase Dr.

Fax:

Charleston SC 29407

Other:

Email: charlestownebound@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class B Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class B Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date: 10/11/11

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

Charles Towne Bound Limousine Service, LLC

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Partnership LLC

1816 Westchase Dr. Charleston SC 29407

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

774 994 0227

Phone

Fax

Charlestownebound@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☒ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Michael Mllewald - 1816 Westchase Dr. Charleston SC 29407

Patrick Gallant - 1816 Westchase Dr. Charleston SC 29407

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month October Year 2011

Assets:

Cash	12,000
Receivables	0
Real Estate	0
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	\$25,000
Garage Equipment (Net)	0
Machinery and Tools (Net)	1,000
Supplies on Hand	500
Prepays and Other Assets	6,000
Total Assets*	44,500
<u>Liabilities and Equity:</u>	
Accounts Payable	0
Notes Payable	8,000
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	8,000
Capital Stock	0
Retained Earnings	0
Total Equity	36,500
Total Liabilities and Equity*	44,500

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

<body xmlns="http://www.w3.org/1999/xhtml" xmlns:
 xfa="http://www.xfa.org/schema/xfadata/1.0/" xfa:
 APIVersion="2.5.6290.0"><p><span style="

 xfa-spacerun:yes"> </p></body>

\$110 / HR

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide"
 authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of ~~seats~~ seats in the vehicle, including the driver's seatbelt.)

- ☐ 1-7 Passengers, including driver
- ☒ 8-15 Passengers, including driver

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Michael Milewski & Patrick Gallant

Name of Applicant

1816 Westchase Dr. Charleston SC 29407

Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ 3500

Limits 50K/150K/25K

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

8-15 Passengers* \$ 25,000/100,000/25,000

Gelco

Name of Insurance Company

3024 Harney Street Omaha Nebraska 68131

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10/11/11

Date

(ALREADY PURCHASED)

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.



In association with

NATIONAL INDEMNITY
group of insurance companies

3024 Harney Street • Omaha, Nebraska 68131

Policy Summary

CHARLES TOWNE SOUND LLC
1815 WESTCHASE DRIVE
CHARLESTON, SC 29407Policy Term: 08/31/2011 5:08 PM to 08/31/2012 12:01 AM
Policy Number: 71APG039653-01
Business Description: Limousine Business

Below information as of: 10/05/2011 2:56 PM

Coverage Information

Coverage	Limit
Liability Bodily Injury	\$50,000 each person / \$100,000 each occurrence
Liability applies to scheduled autos only.	
Liability Property Damage	\$50,000 each occurrence
Uninsured Motorist (Bodily Injury & Property Damage)	\$50,000 each person / \$100,000 each occurrence / \$50,000 each occurrence
Underinsured Motorist (Bodily Injury & Property Damage)	\$50,000 each person / \$100,000 each occurrence / \$50,000 each occurrence
Physical Damage	See Vehicle Information. Only covered if a value and deductible are listed.

Drivers

Name	Date of Birth
MICHAEL MILEWSKI	12/07/1985
PATRICK GALLANT	02/13/1989

Vehicle Information

1. 2002 CADILLAC DEVILLE	Radius: 50 miles
VIN: 1GEEH90Y32U550663	Garaging Zip Code: 29488
Physical Damage Stated Value: \$20,000	Collision Deductible: \$1,000
Comprehensive Deductible: \$1,000	

Exhibit Fit, Willing, and Able (FWA)

Michael Milewski & Patrick Gallant

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

1 COPY

OCT 17 2011

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company - Domestic
Filing Fee - \$110.00

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Charles Towne Bound Limousine Service, LLC

*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC", "LLC", "L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

1816 WEST CHASE DRIVE
Street Address
CHARLESTON SC 29407
City Zip Code

3. The initial agent for service of process is

MICHAEL MIJEWSKI
Name Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

1816 WEST CHASE DRIVE
Street Address
CHARLESTON SC 29407
City Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) MICHAEL MIJEWSKI
Name
1816 WEST CHASE DRIVE
Street Address
CHARLESTON SC 29407
City State Zip Code

(b) PATRICK GALLANT
1816 WEST CHASE DRIVE
CHARLESTON SC 29407

110919-0182

FILED: 08/16/2011

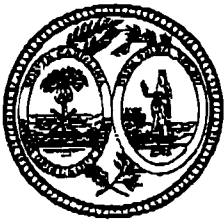
CHARLES TOWNE BOUND LIMOUSINE SERVICE, LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State



**The Public Service Commission
State of South Carolina**

Jocelyn G. Boyd
Chief Clerk/Administrator
Phone: (803) 896-5133
Fax: (803) 896-5246

COMMISSIONERS
John E. "Butch" Howard, First District
Chairman
David A. Wright, Second District
Vice Chairman
Randy Mitchell, Third District
Elizabeth B. "Lib" Fleming, Fourth District
Q. O'Neal Hamilton, Fifth District
Nikiya "Nikki" Hall, Sixth District
Swain E. Whitfield, At-Large

Clerk's Office
Phone: (803) 896-5100
Fax: (803) 896-5199

October 14, 2011

TO: Michael Milewski and Patrick Gallant
Charles Towne Bound Limousine Service, LLC
1816 Westchase Drive
Charleston SC 29407

FROM: Janice Schmieding, Clerk's Office

YOUR APPLICATION IS BEING RETURNED FOR THE FOLLOWING REASON(S):

XXX ✓ Need Limited Liability Company Documents from the Secretary of State's Office.

XXX ✓ Failed to Complete Page 6 (Fit, Willing, Able) (Form Enclosed)

XXX Insurance Quote – Signature of Insurance Company Representative needed on Insurance Quote
↓ INSURANCE SNAPSHOT. ALREADY PURCHASED SO THEY WOULD NOT SIGN THE QUOTE

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CALL (803) 896-5240. PAGE IN THIS DOCUMENT AND I

cc Carole Chauvin, Office of Regulatory Staff (via e-mail)

AM ENCLOSING THE
SNAPSHOT FOR YOU WHICH
YOU SAID MAY ACT AS A
SUBSTITUTE HOPEFULLY.
THANK YOU JANICE!

- MICHAEL.